

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019986

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2776

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 29 1963

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>7 MONTHS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAKEVIEW HOSPITAL</b>		d. STREET ADDRESS <b>922 LYNWOOD BLVD. LASALLE HOTEL</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>CLEVELAND</b> Last <b>CAIN</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>11</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/26/1895</b>
9. AGE (last birthday) <b>77</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED - PATROLMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. POLICE DEPT.</b>	
11. BIRTHPLACE (City and state or country) <b>BURLINGAME, KAS.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS CAIN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>ELVA CAIN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>ELBERT CAIN, SAN DIEGO, CALIFORNIA</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Ventricular Fibrillation</b> DUE TO (b) <b>Acute Coronary Occlusion</b> DUE TO (c) <b>Arterio sclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b> <b>2 hours</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Sept-62</b> to <b>May 11-63</b> and last saw him <b>May 11-63</b> Death occurred at <b>8:15 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Do free or title) <b>L. Genke</b>	
22b. ADDRESS <b>1404 E 23rd St KC Mo</b>		22c. DATE SIGNED <b>5/13/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAY 15 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>	
24. FUNERAL DIRECTOR <b>J.W. NEWCOMER'S SONS, KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>5-13-63</b>	
26. REGISTRAR'S SIGNATURE <b>Orville Long</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Embal. Michael

Licensed Embalmer No. 4340

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

W. E. & H. E. H. E. H. E.  
1400 1/2 East 31st Street

2000-1-1

5-02